

**State of West Virginia**  
**Offices of the Insurance Commissioner**  
Financial Conditions Division

REQUIREMENTS AND PROCEDURE FOR BECOMING LICENSED OR  
REGISTERED AS A THIRD PARTY ADMINISTRATOR IN WEST VIRGINIA

**Licensed or Registered**

West Virginia Code §33-46-2(a) defines “administrator” or “third party administrator” as “... a person who directly or indirectly underwrites or collects charges or premiums from, or adjusts or settles claims on residents of this state, in connection with life, annuity or accident and sickness coverage offered or provided by an insurer, except for any of the following: ...” This subsection lists thirteen exceptions.

West Virginia Code §33-46-13 states “A person who directly or indirectly underwrites, collects charges or premiums from, or adjusts or settles claims on residents of this state, in connection with life, annuity or accident and sickness coverage provided by a self-funded plan other than a governmental or church plan shall register with the commissioner annually, verifying its status as in this article described.”

Any administrator that does not qualify as a listed exception in West Virginia Code §33-46-2(a) or that does not only administer self-funded plans pursuant to West Virginia Code §33-46-13 must obtain either a resident or non-resident third party administrator license from the Insurance Commissioner.

Any administrator that only administers self-funded plans pursuant to West Virginia Code §33-46-13 must annually register with the Insurance Commissioner.

Complete the following procedures to become licensed or registered in West Virginia:

**License Application Instructions – West Virginia Home State Administrators**

All of the following information must be received in its entirety or the application may be returned unprocessed.

- 1) Completed National Association of Insurance Commissioners’ Uniform Application for Third Party Administrator.
- 2) A check in the amount of \$100.00 for the filing fee. Made payable to the West Virginia Offices of the Insurance Commissioner.
- 3) All basic organizational documents of the applicant, including any articles of incorporation, articles of association, partnership agreement, trade name certificate, trust agreement, shareholder agreement and other applicable documents and all amendments to such documents (require original certification).
- 4) The bylaws, rules, regulations or similar documents regulating the internal affairs of the applicant (require original certification).

**State of West Virginia**  
**Offices of the Insurance Commissioner**  
Financial Conditions Division

REQUIREMENTS AND PROCEDURE FOR BECOMING LICENSED OR  
REGISTERED AS A THIRD PARTY ADMINISTRATOR IN WEST VIRGINIA

- 5) The names, addresses, official positions, professional qualifications and biographical affidavit of the individuals who are responsible for the conduct of the affairs of the applicant including all members of the board of directors, board of trustees, executive committee or other governing board or committee, the principal officers in the case of a corporation or the partners or members in case of a partnership or association, shareholders holding directly or indirectly ten percent or more of the voting securities of the applicant and any other person who exercises control or influence over the affairs of the applicant.
- 6) Audited Financial Statements for the two most recent years which prove that the applicant is solvent, and such other information as the Commissioner may require.
- 7) A statement describing the business plan including information on staffing levels and activities proposed in this state and nationwide. The plan shall provide details setting forth the applicant's capability for providing a sufficient number of experienced and qualified personnel in the areas of claims processing, recordkeeping and underwriting and any other pertinent information required by the commissioner.
- 8) A surety bond as required by West Virginia Code §33-46-12(h) if the administrator will administer governmental or church self-insured plans.
- 9) Affidavit (Form-TPA Affidavit) attesting to abide by the requirements of §33-46-1 et. seq.
- 10) Plans administered:
  - a. A list of all plans administered by the company (indicate type), including self-funded, fully insured, MEWAS, commercial self-insurance funds, spending accounts associated with Section-125 Flexible Benefit plans, etc.
  - b. Provide the annual premiums collected and/or claims paid for each plan, the number of West Virginia insureds, the number of insureds in total and the annual premiums collected and/or claims paid in total.
  - c. Give the name of the carrier and/or self-insured plans, address, contact person, title and telephone number for each plan.

**License Application Instructions – Non-Resident Administrators**

- 1) Completed National Association of Insurance Commissioners' Uniform Application for Third Party Administrator.

**State of West Virginia**  
**Offices of the Insurance Commissioner**  
Financial Conditions Division

REQUIREMENTS AND PROCEDURE FOR BECOMING LICENSED OR REGISTERED AS A THIRD PARTY ADMINISTRATOR IN WEST VIRGINIA

- 2) An original Letter of Certification from the resident state insurance department dated within 90 days of the application (copies of your resident license/registration are not acceptable). An administrator is not eligible for a non-resident administrator license if it does not hold a certificate of authority or license as a resident in a state that has adopted the national association of insurance commissioners' model third-party administrator act or a substantially similar law governing administrators.
- 3) A check in the amount of \$100.00 for the filing fee. Made payable to the West Virginia Offices of the Insurance Commissioner.
- 4) Affidavit (Form-TPA Affidavit) attesting to abide by the requirements of §33-46-1, et. seq.
- 5) Plans administered:
  - a. A list of all plans administered by the company (indicate type), including self-funded, fully insured, MEWAS, commercial self-insurance funds, spending accounts associated with Section-125 Flexible Benefit plans, etc.
  - b. Provide the annual premiums collected and/or claims paid for each plan, the number of West Virginia insureds, the number of insureds in total and the annual premiums collected and/or claims paid in total.
  - c. Give the name of the carrier and/or self-insured plans, address, contact person, title and telephone number for each plan.

**Registration Instructions – Self-Funded Plan Administrators**

West Virginia Code §33-46-13 states “A person who directly or indirectly underwrites, collects charges or premiums from, or adjusts or settles claims on residents of this state, in connection with life, annuity or accident and sickness coverage provided by a self-funded plan other than a governmental or church plan shall register with the commissioner annually, verifying its status as in this article described.”

Complete and submit Form TPA-1 to register with the Insurance Commissioner pursuant to the provisions of West Virginia Code §33-46-13.

**State of West Virginia**  
**Offices of the Insurance Commissioner**  
Financial Conditions Division

REQUIREMENTS AND PROCEDURE FOR BECOMING LICENSED OR  
REGISTERED AS A THIRD PARTY ADMINISTRATOR IN WEST VIRGINIA

**Annual Filing Instructions – West Virginia Home State Administrators**

- 1) An annual report including audited financial statements performed by an independent certified public accountant verified by at least two officers of the administrator shall be filed on or before the first day of July of each year.
- 2) The complete name, contact person, address and telephone number of all insurers with which the administrator had agreements during the preceding fiscal year shall be filed as part of the annual report. Indicate the plan type, annual premiums collected and/or claims paid for each plan, the number of West Virginia insureds, the number of insureds in total and the annual premiums collected and/or claims paid in total.
- 3) A check in the amount of \$300 (filing fee of \$100 and an annual fee of \$200). Made payable to the West Virginia Offices of the Insurance Commissioner.

**Annual Filing Instructions – Non-Resident Administrators**

- 1) On or before the first day of October, the non-resident administrator shall file a statement that its home state administrator certificate of authority or license remains in force and has not been revoked or suspended by its home state during the preceding year.
- 2) A check in the amount of \$200 for the annual fee. Made payable to the West Virginia Offices of the Insurance Commissioner.
- 3) The complete name, contact person, address and telephone number of all insurers with which the administrator had agreements during the preceding fiscal year shall be filed as part of the annual report. Indicate the plan type, annual premiums collected and/or claims paid for each plan, the number of West Virginia insureds, the number of insureds in total and the annual premiums collected and/or claims paid in total.

**Annual Filing Instructions – Self-Funded Plan Administrators**

Annually on or before the first day of October, the self-funded plan administrator must complete and submit Form TPA-1 to register with the Insurance Commissioner pursuant to the provisions of West Virginia Code §33-46-13.

**State of West Virginia**  
**Offices of the Insurance Commissioner**  
Financial Conditions Division

REQUIREMENTS AND PROCEDURE FOR BECOMING LICENSED OR  
REGISTERED AS A THIRD PARTY ADMINISTRATOR IN WEST VIRGINIA

**Submit all filings to:**

West Virginia Insurance Commission  
Financial Conditions Division  
Post Office Box 50540  
Charleston, WV 25305-0540

**Overnight Deliveries Only:**

West Virginia Insurance Commission  
Financial Conditions Division  
1124 Smith Street, Room 102  
Charleston, WV 25301

**To contact us:**

Phone: (304) 558-2100  
Fax: (304) 558-1365  
E-mail: [financial.conditions@wvinsurance.gov](mailto:financial.conditions@wvinsurance.gov)  
Web Page: <http://www.wvinsurance.gov>